BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OR _	OTHER SMALL			
FOR		NUMB	ER FILED	NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC	C FEE		14.					395.00	OR		790.00		
TOTA	L CLAIMS	3	35 minus 20 =		* 15		x\$11=		OR	x\$22=	330		
INDE	PENDENT CLA	IMS	minus 3 = *				x41=		OR	x82=	82		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	270		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	1472		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DMI	Total	. 29	Minus	<i>"</i> 35	=.		x\$11=		OR	x\$22=			
<b>AMENDMENT</b>	Independent	* iO	Minus	··· 4	=6		x41=		OR	X82-	50450		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=			
(Column 1) (Column 2) (Column 3)							TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	20	Minus	<del>"35</del>	= \		x\$11=	1	OR	x\$22=			
MEN	Independent	2/	Minus	***/>	=		x41=		OR	x82=			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=			
(Column 1) (Column 2) (Column 3)						ΑI	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE			
ENTC		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	:22	Minus	<i>- 35</i>	=		x\$11=		OR	x\$22=			
MEN	Independent	+ 4	Minus	··· 10	=		x41=		OR	x32=			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	2000 +270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
"	nie mignest Nur he "Highest Nur	nber Previously P	aid For" (Total o	r Independent) is the	highest number f	ound	in the appro	opriate box in	column	1.			